



Arkansas State Board of Pharmacy  
101 East Capitol, Suite 218  
Little Rock, AR 72201  
Telephone: 501-682-0190

***Change of Pharmacist in Charge Form - Fee: \$35.00***

1. Facility Name and License Number	
2. Type of Facility – check all that apply: <input type="checkbox"/> Retail Pharmacy <input type="checkbox"/> Hospital Pharmacy <input type="checkbox"/> Nuclear <input type="checkbox"/> Specialty <input type="checkbox"/> Other (please explain.)	
3. Physical Location of Facility (Street, City, State, Zip)	
4. Date of change of Pharmacist in Charge (PIC)	
5. Name and License Number of Exiting Pharmacist in Charge	
6. Will the exiting pharmacist in charge continue working in this facility? Yes___ No___ If the answer is “No”, what is the last date worked?	
7. Name and License Number of the New Pharmacist in Charge	
8. Is the new Pharmacist in Charge a new employee at this facility? Yes___ No___ If the answer is “Yes”, where was the new pharmacist in charge most recently employed (name and address of former employer.)	
9. Has the new Pharmacist in Charge served as a PIC in another facility? Yes___ No___* If the answer is “Yes”, please provide the name and address of the most recent facility where the new PIC served as PIC.	
10. Facility Hours of Operation (Total Hours per Week) _____	
11. Number of hours per week the new PIC will be working. _____	
12. Attach an inventory of Schedule II, III, IV and V drugs. The inventory is to be signed by both the exiting and the new pharmacist in charge of this facility. The inventory should be done on the last day of employment (or last day of work as PIC) of the exiting PIC. (If both pharmacists are not present for the inventory, the new pharmacist in charge may either sign the inventory of the exiting pharmacist, or perform a new inventory at the beginning of business on the first day of employment if a few days have passed since the exiting pharmacist’s inventory was taken.)	
13.  Signature of Owner or Owner’s Representative (who may be PIC) _____ Date _____	
14. Name of the individual with whom the State Board of Pharmacy can correspond regarding this change (please print name):  Name: _____ Telephone: (_____) _____	

\* If the new PIC has not taken the PIC exam, please contact the Board so that we may send one to you.

Submit this application and payment of fee to the:  
Arkansas State Board of Pharmacy, 101 East Capitol, Suite 218, Little Rock, AR 72201